

Foster Family Home - Corrective Action Report

Provider ID: 1-090126

Home Name: Zenaida Agsalda, CNA

Review ID: 1-090126-7

99-060 Nalopaka Place

Reviewer: Julie Hastings

Aiea HI 96701

Begin Date: 1/29/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all written corrections due to CTA by 3/1/2020.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(3)
No Work Experience for CG#3 in chart

41.(f)(1)
HHM#2 TB lapsed. Last TB on 6.27.18. Was due on or before 6.27.19.

Foster Family Home Client Rights [11-800-53]

53.(b)(16) Shall not have dietary restrictions used as punishment; and

Comment:

53.(b)(16)
No access to refrigerator in downstairs Client area.

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Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)

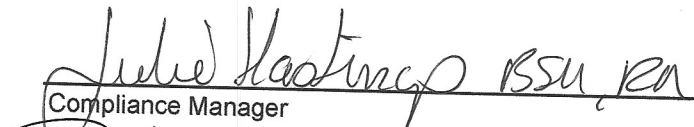
Client #2 Service plan is not updated. Last service plan was 11/25/18. Service plans need to be updated every 6 months. Service plan does not include restraints that are MD ordered.

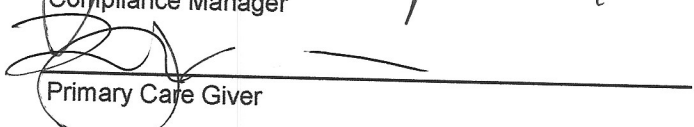
(54.(c)(5)

Client #1- Medication Administration record not current. last entry was 1/5/2020.

Client #2- Medication Administration record does not match MD orders and prescription bottles.

Client #3- Medication Administration record does not match MD orders and prescription bottles.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Zenaida Agsalda
CCFFH Address: 99-060 Nalopaka Place
Area, HI 96761

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(a)(3)	CG #3 now has work experience in chart	1/30/2020	I will check to make sure all caregivers have work experience and fill out all forms prior to working
41.(F)(1)	HHM#2 got TB Paperwork and is now in binder	1/29/2020	I have made a calendar with all due dates it is in front of binder for 2 months prior to expiration.
53.(B)(6)	I put small refrigerator in downstairs client area	2/13/2020	Refrigerator/kitchen access will be maintained for all client
54.C(2)	Obtained new service plan for client #2 Service plan now includes restraints	11/27/2019	Will ask CMA to update all service plan every 6 months and include restraints when ordered

Primary Caregiver's Signature: 


Print Name: Zenaida Agsalda

Date of Signature: 1/30/2020

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed In Corrective Action Report
Chapter 17-1454

CCFFH Name: Zenaida Agsaba
CCFFH Address: 99-060 Natopaka Place
Hiea, Hawaii 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.C(5)	Client #1 Medication Administration Record updated	1/29/2020	Medication Administration Records will be signed daily
54.C(5)	Client #2 Medication Administration record updated CMA	1/30/2020	I will have CMA RN re-concile Medication Administration record monthly
54.C(5)	Client #3 Medication Administration Records updated by CMA	1/30/2020	I will have CMA RN re-concile Medication Administration record monthly

Primary Caregiver's Signature: 

Print Name: Zenaida AGSALDA

Date of Signature: 1/30/2020